

PROPOSED RULE MAKING

CR-102 (June 2004) (Implements RCW 34.05.320)

1889			Do NOT use for expedited rule making			
Agency: Department of Social and Health	n Services, Aging a	nd Disability Serv				
Preproposal Statement of Inquiry was file Expedited Rule MakingProposed notice Proposal is exempt under RCW 34.05.310	e was filed as WSR 0(4).	; or	☑ Original Notice☐ Supplemental Notice to WSR☐ Continuance of WSR			
Title of rule and other identifying information: (Describe Subject)						
The department intends to amend the WAC 388-76-10070 Application-Fee recommendation. The department intends to add one needs	equired.					
Hearing location(s):		Submit written	comments to:			
Blake Office Park East – Rose Room 4500 – 10 th Ave. SE Lacey, Washington 98503 (One block north of the intersection of Pacific Ave. SE and Alhadeff Lane. A map or directions are available at http://www1.dshs.wa.gov/msa/rpau/docket.html or by calling 360-664-6094)		Name: DSHS Rules Coordinator Address: PO Box 45850, Olympia WA, 98504-5850 Delivery: 4500 – 10 th Ave. SE, Lacey, Washington 98503 E-mail: DSHSRPAURulesCoordinator@dshs.wa.gov Fax: (360) 664-6185 by 5 p.m. on October 6, 2009				
Date: October 6, 2009 Time: 10:00 a.m.		Assistance for persons with disabilities: Contact Jennisha				
Date of intended adoption: Not earlier than October 7, 2009 (Note: This is NOT the effective date)		Johnson, DSHS Rules Consultant by September 22, 2009 TTY (360) 664-6178 or (360) 664-6094 or by e-mail at johnsjl4@dshs.wa.gov				
Purpose of the proposal and its anticipated	d effects, including	any changes in ex	isting rules:			
applicants and providers. The new fees he proposed rule is to make the rule clearer,						
Statutory authority for adoption: RCW 70.128.040		Statute being implemented: Chapter 70.128 RCW				
Is rule necessary because of a: Federal Law? Federal Court Decision? State Court Decision? If yes, CITATION:	☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No		OFFICE OF THE CODE REVISER STATE OF WASHINGTON FILED			
DATE August 28, 2009			TE: September 02, 2009 IE: 9:49 AM			
NAME (type or print) Stephanie Vaughn						
SIGNATURE			SR 09-18-118			
Alphanie & Vaughn						
TITLE DSHS Rules Coordinator						

Agency com	nments or recommendations, if any,	as to statutory language, implementation, enforcement, a	nd fiscal matters:
None			
Name of pr	oponent: (person or organization) D	Department of Social and Health Services	Private Public Sovernmental
Name of ag	ency personnel responsible for:		
	Name	Office Location	Phone
Drafting	Maureen Lally	P.O. Box 45600, Olympia, WA 98513	(360)725-3204
Implementa	tion Lori Melchiori	P.O. Box 45600, Olympia, WA 98513	(360)725-2404
Enforcemen	t Lori Melchiori	P.O. Box 45600, Olympia, WA 98513	(360)725-2404
Has a smal	I business economic impact state	ment been prepared under chapter 19.85 RCW?	
☐ Yes.	Attach copy of small business econo	omic impact statement.	
,	A copy of the statement may be obta Name: Address:	ined by contacting:	
		red. (3) to prepare a SBEIS for rules adopting or incorporating	g Washington State
Is a cost-be	enefit analysis required under RCV	N 34.05.328?	
☐ Yes	A preliminary cost-benefit analysis Name: Address:	may be obtained by contacting:	
	phone fax e-mail		
⊠ No:	Please explain:		
		(5)(b) to prepare a CBA since the proposed significant legal change, Washington State statutes.	gislative rules adopt